1. **Should there be dedicated care area/units for PRCs under quarantine or isolation?**

   Answer: Yes, dedicated care areas is the preferred option.

Dedicated Care Areas

Ideally, these areas should have physical separation but can be a cluster of rooms

- If barriers are added to create physical separation, consider:
  - **HVAC**: there should be air exchange (In/Out) in all partitioned hallways
  - **Fire Safety**: adding physical barriers may block fire safety egress routes, this will likely need approval from facility Safety Officer
- If separation is by individual or cluster of rooms:
  - Consider visual cues (e.g. signage, line of tape on floor) to alert staff
  - Resident room doors may need to be kept closed
- If limited single rooms are available or if numerous residents are simultaneously identified to have exposures or symptoms concerning for COVID-19, residents should shelter in place at their current location pending return of test results.
- Residents should only be placed in COVID-19 care unit if they have confirmed COVID-19.
- Roommates of residents with COVID-19 should be considered exposed and potentially infected and if at all possible should not share rooms with other residents while they are in quarantine

https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#manage-residents

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2. **Can a wing/unit be one half suspect PRCs and one-half negative PRC?**

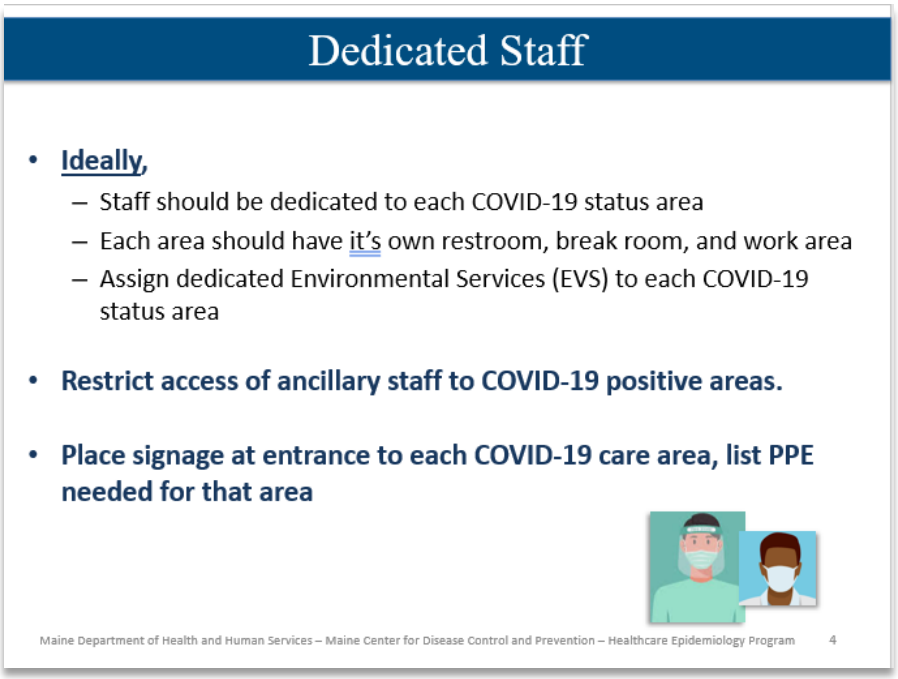
   Answer: Yes, however do not share a bathroom between a negative room and suspect room or person(s) and appropriate PPE usage, hand hygiene, and cleaning/disinfection of shared equipment is important. If utilizing PPE supply shortage strategies, see FAQ number 4.

   a. **Does there need to be a dividing barrier?**

      Answer: It is not required. May want to consider something that does not interfere with fire safety (e.g. egress) as a reminder to staff – for example: a red line on the floor. Also take into consideration how barriers may affect HVAC and air flow.

   b. **Can staff work with both suspect/quarantined/isolated and SARS-CoV-2 naive PRCs or does there need to be separate staff for each population?**

      Answer: dedicated staff for each space is recommended. If shared staffing, it is important to have appropriate PPE practices, cleaning/disinfection of shared equipment, as well as appropriate hand hygiene.



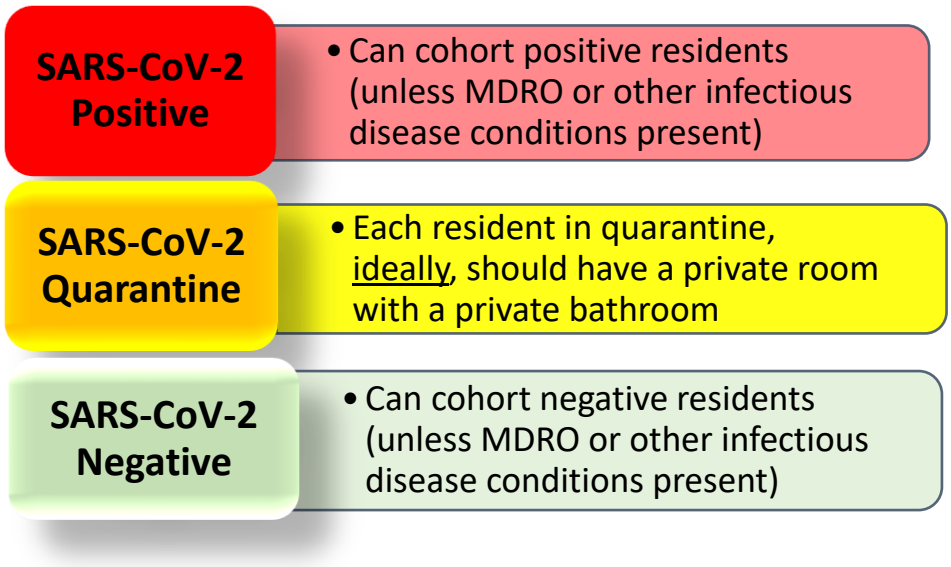
3. Can SARS-CoV-2 suspect/quarantined/isolated PRCs be cohorted if there are not enough private rooms?

Answer: When looking to cohort, you want to do so in a way that provides the highest risk mitigation.

- Quarantined individuals who meet criteria for quarantine, ideally should have their own room with separate bathroom and not be placed with other residents as they may or may not become COVID-19 positive. Placing them with another quarantined individual could put them at more risk for contracting COVID-19 if one of the two persons is infected and one is not. Full PPE (*Gowns, gloves, N95 or higher respirator, eye protection*) should be worn.
    - If cohorting of quarantined PRCs must occur due to capacity, then take the following into consideration when looking at level of risk –with goal of not placing higher risk PRC with a lower risk PRC:
        - How far into quarantine are the PRCs?
        - Is daily symptom monitoring or testing occurring?
        - Are the PRCs immunocompromised?
        - Was the level of risk of the exposure that put the PRC in quarantine of higher or lower risk?
        - Can the PRC mask, practice appropriate hygiene (hand hygiene, toileting, etc.), physical distancing (as much as feasible) in the room?
        - What is the air exchange capabilities of the space/room they will be placed in?
        - How often are the rooms cleaned/disinfected?

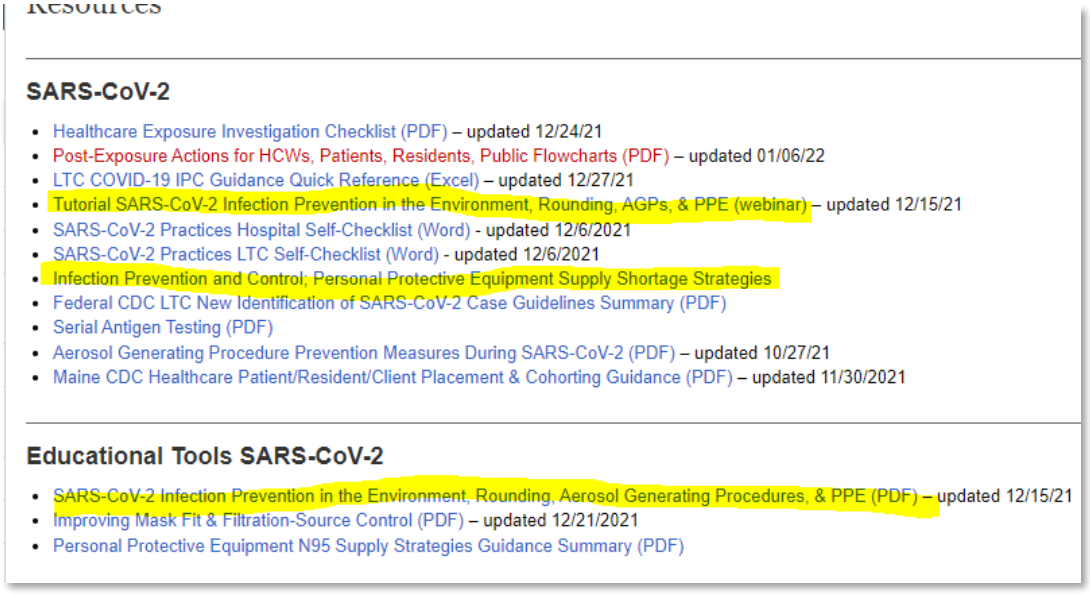
- Symptomatic individuals with SARS-CoV-2 status pending, should be isolated in a private room with own bathroom, separate from other residents until COVID-19 status known; if positive then move to COVID-19 positive ward/unit/area; if negative isolate per correct transmission-based precautions until infectious etiology ruled out or infectious cause identified and correct transmission-based precautions continued to be maintained. Full PPE (*Gowns, gloves, N95 or higher respirator, eye protection*) should be worn.
- Symptomatic identified close contacts, testing pending, isolate in private room with own bathroom; if confirmed positive by testing, then move to the isolation unit. If negative, then they should remain in quarantine. Full PPE (*Gowns, gloves, N95 or higher respirator, eye protection*) should be worn during their care.
- SARS-CoV-2 positive individuals should ideally be physically separated from other rooms or units on a COVID-19 care unit. Full PPE (*Gowns, gloves, N95 or higher respirator, eye protection*) should be worn.

Note, want to additionally consider what may be transmitted between roommates, such as multi-drug resistant organisms (MDROs) [*e.g. MRSA, VRE, ESBL, CRE, Candida auris*] or other potentially transmissible organisms.



4. **Can staff continue to wear PPE between populations of cohorted PRC?**

Answer: Consideration should first be made to determine if the facilities PPE supply is sufficient to sustain Conventional Capacity. If Contingency or Crisis Capacity are necessary, see guidance on following website for full implementation recommendations: https://www.maine.gov/dhhs/mecdc/infectious-disease/hai/resources.shtml –



Resources

SARS-CoV-2

- Healthcare Exposure Investigation Checklist (PDF) – updated 12/24/21
- Post-Exposure Actions for HCWs, Patients, Residents, Public Flowcharts (PDF) – updated 01/06/22
- LTC COVID-19 IPC Guidance Quick Reference (Excel) – updated 12/27/21
- Tutorial SARS-CoV-2 Infection Prevention in the Environment, Rounding, AGPs, & PPE (webinar) – updated 12/15/21
- SARS-CoV-2 Practices Hospital Self-Checklist (Word) - updated 12/6/2021
- SARS-CoV-2 Practices LTC Self-Checklist (Word) - updated 12/6/2021
- Infection Prevention and Control; Personal Protective Equipment Supply Shortage Strategies
- Federal CDC LTC New Identification of SARS-CoV-2 Case Guidelines Summary (PDF)
- Serial Antigen Testing (PDF)
- Aerosol Generating Procedure Prevention Measures During SARS-CoV-2 (PDF) – updated 10/27/21
- Maine CDC Healthcare Patient/Resident/Client Placement & Cohorting Guidance (PDF) – updated 11/30/2021

Educational Tools SARS-CoV-2

- SARS-CoV-2 Infection Prevention in the Environment, Rounding, Aerosol Generating Procedures, & PPE (PDF) – updated 12/15/21
- Improving Mask Fit & Filtration-Source Control (PDF) – updated 12/21/2021
- Personal Protective Equipment N95 Supply Strategies Guidance Summary (PDF)